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Family VALUES

An Educational Game to Increase Family Engagement in Care Planning

Serious Educational Game Toolkit

ONTARIO CLRI Centres for Learning, Research & Innovation in Long-Term Care
BAYCREST · BRUYÈRE · RIA
Baycrest

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A digital version of this toolkit and all the game materials can be accessed online at **clri-ltc.ca/familyvalues**

About the Ontario Centres for Learning, Research & Innovation in Long-Term Care (CLRI)

In support of the Ministry of Health and Ministry of Long-Term Care, the Ontario CLRI partners with the sector to build capacity through training, education, innovation and knowledge mobilization to improve the health and well-being of people who live and work in long-term care (LTC). The Ontario CLRI is funded by the Government of Ontario and hosted at Baycrest Health Sciences, Bruyère, and the Schlegel-UW Research Institute for Aging. The Program educates and trains the current and future LTC workforce and provides solutions to priority issues, including an aging population, care complexity, and workforce challenges.

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Family Values: An Educational Game to Increase Family Engagement in Care Planning

Introduction

Education improves the care and outcomes for those living, visiting, and working in long-term care (LTC). The Ontario CLRI at Baycrest develops and evaluates innovative educational approaches designed to enhance knowledge, skills, values, and attitudes in learners, which contribute to improved team member and resident satisfaction, quality of life, and engagement of all care partners. An important area of quality improvement is family collaboration in shared decision-making about care planning and delivery. To that end, a serious educational game, Family Values, was created and trialed to support team members and leadership to engage families in resident care planning. Family Values offers individuals and teams an enjoyable and effective way to develop knowledge, skills, values, and attitudes in collaborative care planning with families.

The Family Values game and toolkit follow best practices in education and game-based simulation by:

- having clear learning objectives,
- structuring the education session by framing, carrying out, and debriefing after the game
- promoting a safe learning environment,
- enabling adequate time for debriefing post-activity,
- exploring ways of using the learning experience to promote transfer of learning into practice, and
- designing and evaluating the education based on learning objectives.

In the next sections you will find the educational basis for Family Values and instructions for creating a rich learning experience during gameplay.

Game Design

Family Values engages learners in simulated scenarios that represent real-life challenges.
The game intentionally features scenarios in which proactive collaboration with families can positively affect care experiences for all care partners.

Situations that require alternate planning, or which are long-standing and complex, have not been included in this level of the game.

How to Use This Toolkit

In keeping with quality improvement methods and a commitment to building scholarship and capacity in LTC educators and leadership, this toolkit includes an explanation of the learning objectives, frameworks used, educational purpose, and goals of Family Values. LTC educators can use this toolkit as an instruction manual for Family Values; the toolkit gives educators the details they need to create an enjoyable and effective learning experience.

The Family Values toolkit also includes instructions and tips for educators and leaders on facilitating the learning experience itself.

Family Values Competencies and Frameworks

Reinforcing Interprofessional Team Competencies

One of the things that makes this game so beneficial is that winning it does not rely solely on academic or clinical knowledge; your best players will be those who demonstrate the most advanced team competencies, regardless of their education level or discipline.

The learning objectives and rewarded game actions of Family Values are aligned with the University of Toronto Centre for Interprofessional Education (CIPE) Competency Framework. Family Values is designed to reinforce targeted interprofessional team constructs and competencies. Since it is a team-based game, all team members and leadership can take part. Please see the chart below:

Learning Objectives	Team Competencies (Knowledge/Skill/ Value/Attitude)	Rewarded Game Actions	Desired Outcomes
1. Valuing inclusion of families in care	● Relational-centered ● Diversity sensitive ● Interdependence	Choose team action that best demonstrates the value of engaging families in care planning	Develop positive feelings and values about involving families in care planning
2. Building skills, behaviours and confidence to support collaborative care planning	● Listening, sharing information ● Proactive collaboration	Choose team action that best demonstrates family inclusion in care planning	Involve family in care planning (e.g., shared decision making)
3. Enhancing interprofessional role appreciation and clarity	● Role clarity ● Self and team reflection	Choose team member who is best suited to support action chosen above	Advance team effectiveness through reflection on IP team roles and functions

Adapted from University of Toronto IPE Competency Framework, 2012

Learning Objectives

The Ontario CLRI team defined learning objectives for the game based on the above framework, as well as a literature review, current best practices, and focus group feedback from more than 400 LTC team members and leadership.

1. Fostering shared team values to encourage inclusion of families in resident care planning.
2. Promoting team skills, behaviours, and confidence for engaging families (and residents) in collaborative care planning.
3. Enhancing interprofessional appreciation and role clarity among team members.

Combining Gamification and Healthcare Simulation Frameworks

The Ontario CLRI team uses ***gamification***, or the use of game rules and structures outside of a game environment, to offer innovative education solutions to meet LTC challenges and opportunities in practice. The team also uses ***simulation-based healthcare training***, a methodology to help achieve educational goals by imitating or emulating some real thing, state of affairs or process. Simulations can be created for individuals, teams, or agencies to improve quality and safety of care (e.g., creating scenarios that enhance communication, management skills, and assessment abilities) and can be geared to the learners' experience and the context of training. Because simulations are observed in multiple ways, a rich wealth of feedback is available for learners to absorb and use in their development as healthcare providers. In Family Values, the Ontario CLRI team combined gamification with simulation-based healthcare education to create this ***serious educational game.*** Like other serious educational games, Family Values offers individuals and teams an enjoyable and effective way to develop knowledge, skills, values, and attitudes. Game players do this by practicing how to respond to simulated scenarios that represent real-life challenges and opportunities to involve families in collaborative resident care planning.

Evaluation of Family Values confirmed that it is a highly motivating and engaging learning tool. Like other effective serious education games, players find "winning" cases, or being the team to score the most points, enjoyable and beneficial. This reward increases motivation for players to carry learning from gameplay into real life.

Game Facilitation as the Key to Rich Learning

Educators and leaders will shape a large part of the learner experience through facilitation. The following are some facilitation tips to nurture the best possible outcome for learners:

1. Taking the time to frame the learning before, during, and after the learning session is crucial to creating the best learning experience possible. A rich learning experience develops as learners interact with characters in the scenarios and make choices based on the rules of the game to reach desired outcomes.

2. Reinforcing time constraints during gameplay is vital because it introduces physiological motivation into the game. This happens when excitement, bonding among players, and other factors lead to the release of neurotransmitters, which activate and reward brain centres.

3. Helping teams to reflect on their learning experience and helping them translate learning into practice is one of the most important aspects of Family Values. The post-game reflection or debrief supports the transfer of learning into practice. **For this reason, it is beneficial to provide enough time for discussion and reflection after playing the game; usually five minutes for every one minute of playing time.**

Family Values: Game Instructions

Game Scenario

Your team just received exciting news! A local donor whose experience in LTC was radically improved by a team that valued family input in care planning and delivery, has expressed a desire to give back to LTC homes in your area. To promote the value of family and team collaboration, the donor is offering a competitive grant of up to **$600,000** for LTC teams who can show how well they involve families in care planning and delivery in their home. To apply for the grant, your team gets to showcase ten resident care plans that directly include family input and team collaboration. But beware, if care plans are not as inclusive and collaborative as they could be, your team will qualify for less of the grant!

Here's the challenge: Will your team take up the challenge to optimize shared decision-making and collaboration among residents, families, team members, and leadership by the application deadline?

Game Objective

Solve each case by choosing:

1. The most family-engaging action
2. The team members best suited to start collaborative care planning with the family on behalf of the team

Winning the Game

The team that earns the greatest grant (amount of money) by the end of the designated playing time wins the game.

Game Pieces

Family Values includes the following game pieces, which can be found in the Appendices of this toolkit as well as on the Ontario CLRI website (clri-ltc.ca/familyvalues):

1. One CARE PLAN Card Deck (10 cards) per team
2. One TEAM MEMBER Card Deck (12 cards) per team

> NOTE: Individual LTC homes can choose which team members would be best suited to their home and modify the team member card deck to reflect those choices. This may involve taking out some team member cards, or using some blank cards to write in team member roles that are specific to your LTC home. When you are finished, modify the correct answers on the answer key if necessary.

3. One SCORESHEET per team
4. One pen or pencil to record money won/lost per team
5. One stopwatch or timer (not provided) per time keeper
6. One ANSWER KEY

Game Roles and Responsibilities

There are four main roles in the game: Game Host, Game Facilitator, Scorekeeper, and Timekeeper. Some LTC homes will be able to combine roles, while for others it will be better to keep them separate. This depends on who may be available to help you play the game and their skill sets. You may wish to let team players take on the role of scorekeeper or timekeeper. Additional volunteers can have Answer Keys to offer teams another person to check if their answers are correct during gameplay.

Game Host

Sets up the game for players and introduces learners to the rules for the game. May also act as Game Facilitator.

Game Facilitator

Frames the session to provide a rich learning experience for participants. This includes a briefing of the rationale and purpose of the game before it begins and a debrief of the learning experience when the game is over. Detailed Game Facilitator instructions and a debrief guide can be found below.

Timekeeper

Uses a stopwatch or device to ensure that time limits for solving cases and selecting team members are followed. Time pressure is an important part of the game, so keeping time during the game must be done carefully.

Scorekeeper

Fills in Score Sheet by using game instructions to record points awarded or lost for care plan answers team member selections.

Instructions for Game

Set up to be done by the Game Host

1. Verify how long the session will last and how to divide the time between briefing the game, playing the game, and debriefing the game.

2. Verify how many learners will be attending and who will be assuming the role of Game Facilitator, Scorekeeper and Timekeeper.

3. Verify number of teams and how many learners per team (3-6).

4. Ensure room set up (i.e. enough distance between tables for each team to discuss answers privately).

5. Place a set of game supplies on each table:
    - 1 CARE PLAN Card Deck (10 cards)
    - 1 TEAM MEMBER Card Deck (12 cards)
    - SCORESHEET
    - Pen or pencil to record money won/lost

How to Play

Shuffle the care plan card deck and place it face-up on the desk to the left of the game scoreboard.

Keep the team member deck in a separate pile to the right of the game scoreboard in a face-up pile.

As soon as the timer starts, draw one care plan card from the face-up pile to the left of the board. You must first read the case then turn over the card and select the best action to take right now.

Raise your hand and call over the game host to tell them your answer. The game host will determine if you will win $10,000, win no money, or lose $10,000 based on your choice, and you will record the amount on your scoreboard.

If you win $10,000 you are allowed to choose 3 team members (from the TEAM MEMBER cards pile) who are best-suited to carry out the action you have chosen to support the care plan. Then raise your hand and have the game host check your answer. For each best suited team member you pick, you will receive $10,000, to a maximum of $30,000 for each case. If all 3 team members are not best suited, you get one chance to swap out for different ones - but beware not to swap out a best-suited team member!

If you don't win any money, or you lose $10,000, then your turn for that question is over. Draw another card from the pile.

When you finish the case, if you have chosen all 3 ideal team members, you win a $20,000 completion bonus.

Note: The game host will not stop in the middle of gameplay to explain the rationale behind the correct answer. Rather, this discussion is meant to take place during the debrief, when the whole group can reflect on the answers together.

After the first care plan is finished, draw one more care plan card and continue, doing as many care plans as you can until timing for gameplay expires (recommended gameplay 20-30 minutes).

As soon as the timer expires, put all cards in play on the table and then add up your total winnings on the scoreboard.

Gameplay Summary for Players

		Time Limits
1	Draw a care plan card and read it, then turn it over and pick the action you want to take.	60 seconds
2	Have the game host/facilitator check your answer. If you pick the most collaborative action, you win $10,000. Go to step 3. If you pick a somewhat collaborative action (but not the most collaborative one), you do not win or lose money, and this case ends. Go to step 1. If you pick an action that does not boost collaboration, you lose $10,000! This case ends. Go to step 1.	
3	Choose 3 best-suited team member cards to help support the care plan	60 seconds
4	Have the game host/facilitator check your choices and let you know how which of your team member picks are best suited to support the care plan. If you pick 3 team members best suited to the care plan, go to step 5. If not all 3 team members are the best suited, you can swap out for different ones. But beware of the risk – don't swap out a best-suited team member!	30 seconds
5	Total up the money won or lost for the case, adding up the action score, the team choice score, and the completion bonus score. Go to step 1.	

Scoring Summary

Each group begins the game with $100,000 of the potential $600,000 grant.

Money for Actions
Most Collaborative Action = win $10,000
Somewhat Collaborative Action = $0
Least Collaborative Action = lose $10,000

Money for Team Member Choices
For each best-suited team member chosen = win $10,000
(win up to $30,000 per care plan)

Bonus Money
For each case completed with all 3 best suited team members chosen = $20,000

Instructions for Game Host

Before session

- Verify how long the session will last and how you want to divide the time between briefing the game, playing the game, and debriefing the game.
- Verify how many learners will be attending and who will be assuming the roles of Game Facilitator, Scorekeeper and Timekeeper.
- Verify the number of teams and how many learners per team (ideal group size is 3-6).
- Ensure room and table set-up (far enough from each other to discuss answers privately).
- Place a set of game supplies on each table:
    - 1 CARE PLAN Card Deck (10 cards)
    - 1 TEAM MEMBER Card Deck (12 cards)

      ***NOTE**: Individual LTC homes can choose which team members would be best suited to their home, and modify cases to reflect this as needed. Not all team members in the care plan deck need to be used, and other cards can be written in and added, if appropriate.*
    - 1 SCORESHEET
    - Pen or pencil to record money won/lost

During session

- Introduce the facilitator and invite them to frame the rationale and purpose of the game.
- Create groups and supervise teams in getting seated at their tables with all necessary supplies.
- Explain the game scenario and instructions.
- Make sure that scorekeepers or timekeepers (if using) have a scoresheet and their own stopwatch device.

During gameplay

- Declare the official start of the game.
- Clarify instructions as needed.
- Use the answer key to let teams know if their answers are correct.
- Ensure timekeepers and scorekeepers are carrying out their roles accurately.
- Announce the end of gameplay and the winning team.

Instructions for Game Facilitator(s)

Prior to gameplay ("simulation briefing")

- *Intended as a high overview*
- *Suggested length: approximately 3-5 minutes*

1. Share the context and rationale for gameplay, highlighting the following:
    - That relationships among families, residents, team members and leadership play a major role in helping to improve quality of life for residents living with dementia and / or other complex care needs.
    - That proactive inclusion of families and residents in decision-making about care planning has been found to improve care experiences and outcomes for all care partners (rather than informing families about changes in care plans once they have been decided by team members and leadership).
2. Review the game scenario by reading it aloud to the players (see Game Scenario above).
3. Answer questions and clarify instructions about gameplay.

During gameplay ("simulation activity")

- Timed competitive case solving on teams
- Suggested length: approximately 10-20 minutes
- Use the answer key to tell teams if their responses are correct, neutral, or incorrect.

> ***Note**: During gameplay, there is no time to take questions about why answers may be correct, neutral, or incorrect. Instead, invite players to explore alternative answers to cases and alternative selections of ideal team members during the debrief (see #3 in **After gameplay** below).*

- Help teams follow game steps and score points correctly.
- Optional: Be the timekeeper (using a stopwatch/timer).

After gameplay ("simulation debrief")

- *Key opportunity for rich learning*
- *Most important aspect that supports the transfer of learning to practice*
- *Suggested length: at least **2-3 times** longer than gameplay*

1. Encourage reflective discussion about the experience of gameplay.
2. Explore player opinions about family (and resident) inclusion in care planning and about how various roles on interprofessional teams influence this process.
3. Help players translate their scenario and game-based learning into ideas for improving practice in their own LTC setting.

Debrief recommendations

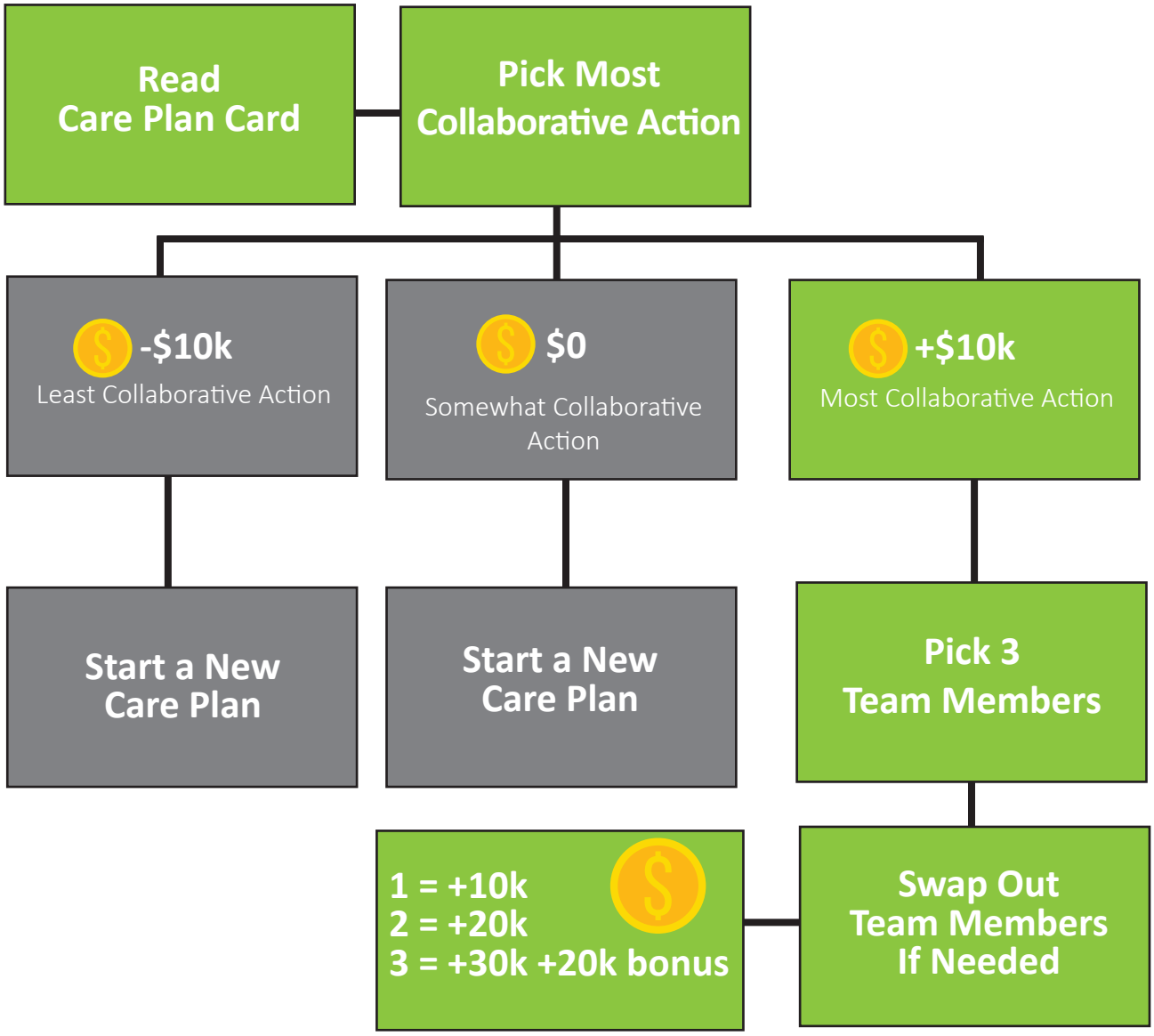
This section provides some ideas and techniques for facilitating a debrief that meets the goals above.

1. Set ground rules to help create a comfortable learning environment, such as separating personal experience from speaking for everyone involved. One example of this would be to offer feedback in "I" statements about reactions, learnings, and applications. Here is a sample script:
    - "It is important to offer feedback that speaks to your own personal experience, rather than speaking for others. For example: When this happened in the game, I felt/thought/imagined…."
2. Ask open-ended questions to guide reflective group discussion. Exploring player reactions, what they learned, and how they plan to apply their learnings to practice are the main goals of simulation-based learning. Here are some sample questions:
    - To explore **player reactions** to the game:
        - What was your experience with playing the game?
        - What was it like to play or watch others play?
    - To explore a **specific reaction** to the game:
        - At what point did that happen in the game?
        - Can you describe for me what was going on when you had that reaction?
            - If you find that there are strong reactions to the game by some individual(s), and you are having difficulty moving past them to discuss what the grouped learned from playing the game, you might offer some redirection. For example: "This game seemed to cause strong reactions. Let's try to put them aside for a minute and talk about some of the things you learned."
    - To explore **what players learned** while playing the game:
        - Did you learn something from the cases themselves, from the roles, or from working from each other?
        - Can you describe some things you may have learned about yourself while playing the game?
        - Can you describe some things you learned about working as a team?
    - To explore how players suggest **applying this learning to practice:**
        - How is what you learned important to your individual or team care practice?
        - What are one or two ways you can apply these learnings to your practice as a team?
3. If the group is interested in exploring the reasons behind team selection answers, there is feedback about why specific team roles were viewed as most helpful in each case on the answer key. Facilitators have an important opportunity here to:
    - recognize that players may have really important and valid rationales for alternate choices to the ones in the answer key, and
    - model acceptance of multiple perspectives to enhance the learning experience for everyone.

Condensed timelines

At times a condensed timeline may be required to carry out a facilitated game session. In those instances, the following proportions are recommended: **5 min game briefing**, **10 min** gameplay, **15 min** debrief.

Figure 2: Flow of Game



CARE PLAN CARD 1

Mrs. White has broken her leg and can no longer come in each day to visit her husband.

She has been calling the nursing station 4 times a day and telling staff in a raised voice that her husband is not being fed enough.

Mr. White's meal plan and intake have not changed since his wife broke her leg.

Family VALUES

CARE PLAN CARD 2

Rajinder, Mrs. Aliwani's son shares how angry he is that staff is not taking his mother to her favourite programs anymore.

Starting last month, Mrs. Aliwani, who is living with dementia, yells “get me out of here” each time she is brought to the recreation room.

Family VALUES

CARE PLAN CARD 3

After returning from a winter away, the daughter of a resident living with advanced dementia says she is shocked by her mother's appearance.

She asked "Where's her makeup? Have you taken her to the hairdresser? Don't you understand how important it is to my mother that she looks her best?”

Family VALUES

CARE PLAN CARD 4

A resident wants to keep attending church with his family, but no longer wants to wear a suit.

His family feels this is disrespectful and does not want to take him unless he is dressed in a suit.

Family VALUES

CARE PLAN CARD 2

As applicable, with the resident's consent/assent:

a. Discuss options for alternative activities with the team and son.

b. Continue bringing Mrs. Aliwani to her favourite program and monitor if her behaviour changes.

c. Start Mrs. Aliwani on an exercise program to increase her activity level.

d. Discuss alternate programing for Mrs. Aliwani with the team and let her son know.

e. Tell the son his mother is changing and he needs to accept it.

Family VALUES

CARE PLAN CARD 1

As applicable, with the resident's consent/assent:

a. Discuss creating a schedule for daily check-ins and updates via phone.

b. Contact Mrs. White and give her an update. Ask how the team can support her while her leg is healing.

c. Prescribe an appetite stimulant for Mr. White.

d. Discuss possible changes to Mr. White's meal plan with Mrs. White.

e. Keep a log of Mr. White's food intake and when completed, provide a copy to Mrs. White.

Family VALUES

CARE PLAN CARD 4

As applicable, with the resident's consent/assent:

a. Ask the family if he can be dressed in something else besides a suit since it can be difficult to put it on him.

b. Offer to provide spiritual care in the resident's room on Sunday mornings and invite the family to attend as well.

c. Ask the family to convince the resident that it is most appropriate to wear a suit when attending church.

d. Invite the family members to come in ahead of time on Sunday mornings to assist the team with dressing the resident.

e. Tell the family and resident that this is a personal issue and the team will not get involved.

Family VALUES

CARE PLAN CARD 3

As applicable, with the resident's consent/assent:

a. Tell the daughter her mother is beautiful just the way she is.

b. Offer to meet with the resident and daughter to discuss what makes the resident feel beautiful, and how to apply it to the care plan.

c. Offer the resident's daughter a schedule of the hairstylist's work hours so that she can book an appointment for her mother.

d. The care team will ask for the hairstylist to come to the resident's room every week at 8am.

e. The team asks the daughter to be responsible for applying her mother's makeup and styling her hair.

Family VALUES

CARE PLAN CARD 5

Within the last two weeks, George has yelled and hit staff during care.

When this occurs, his roommate, Peter begins to cry. As a result, Peter's family has called the Ministry multiple times insisting that Peter be moved to a private room. The home only has double occupancy rooms.

Family VALUES

CARE PLAN CARD 6

Every day, Mrs. Wong, arrives just before noon and insists the PSW stop taking other residents to lunch and toilet her husband instead.

The PSW routinely toilets Mr. Wong 15 minutes before lunch as per his care plan.

Family VALUES

CARE PLAN CARD 7

A daughter has threatened legal action against the long-term care home for losing her mother's hearing aids for the second time.

Her mother has advanced dementia and aphasia and cannot tell the team where they are.

Family VALUES

CARE PLAN CARD 8

A resident has become more unstable on his knees, putting him and the staff at risk for falls when transferring him to a kneeling position for his prayers.

The resident's brother, who is the Power of Attorney (POA), asks that his brother continue this life-long practice of kneeling anyways

Family VALUES

CARE PLANE CARD 6

As applicable, with the resident's consent/assent:

a.Encourage Mrs. Wong to meet the PSW 15 minutes before lunch to be part of his toileting routine.

b. Ask your PSW colleagues to cover for you during their break so you don't have to say no to Mrs. Wong.

c. Explain to Mrs. Wong that getting the other residents to lunch is also your priority and she should talk to your supervisor if she is unsatisfied.

d. Review the toileting routine with the Mrs. Wong.

e. Suggest to Mrs. Wong that she take over the toileting when she arrives.

Family VALUES

CARE PLAN CARD 5

As applicable, with the resident's consent/assent:

a. Suggest to the family they look for an alternative long-term care home which has single occupancy rooms.

b. Offer to use the television as a distraction for Peter during George's care.

c. Place headphones on Peter during George's care and play classical music, since it is usually calming.

d. Invite the family to meet with the team to discuss available options to improve Peter's situation.

e. Accept an offer by volunteer services to have Peter taken out once a week during George's care.

Family VALUES

CARE PLAN CARD 8

As applicable, with the resident's consent/assent:

a. Ask the PSWs to explain how they normally help him kneel.

b. Suggest that the team, including the family and resident, meet to develop a falls prevention plan.

c. Share stories with the family about other residents who have stopped prayer practices such as bowing as part of their daily routine.

d. Ask spiritual care to provide a movie or audio recording of prayers which can be played at his normal prayer time as an alternate plan.

e. Ask the Director of Care to speak to the family about the importance of preventing staff injuries.

Family VALUES

CARE PLAN CARD 7

As applicable, with the resident's consent/assent:

a. Coordinate a plan for the team to check the garbage cans.

b. Have staff check the roommate's drawers as she is known to collect items.

c. Give the daughter a legal statement denying any responsibility for lost items by the long-term care home.

d. Bring the team together to create a follow-up plan with the family.

e. Check the other residents to make sure they are not wearing her hearing aids.

Family VALUES

CARE PLAN CARD 9

One day, a resident's sister, who acts as Substitute Decision Maker (SDM), promises to bring him beef ribs as this is his favourite meal. She informs the staff, "it is just this once for his birthday."

Recently, the resident has been coughing more frequently during meals and the team is concerned he might choke while eating the ribs.

Family VALUES

CARE PLAN CARD 10

A husband confided his guilt to the team that he is too weak to take his wife outside to get fresh air.

He wishes he could afford to hire a private caregiver to take her outside.

Family VALUES

CARE PLAN CARD 10

As applicable, with the resident's consent/assent:

a. Ask the recreation department if they can add an outdoor activity to the weekly plan for the summer.

b. Ask the social worker to refer him to a group that addresses feelings of guilt.

c. Reassure the husband that most people are just like him and cannot afford a private caregiver either.

d. Ask the husband to come in and give his insight on how to optimize his wife's leisure plan.

e. Ask a volunteer to take the resident outside every other Tuesday.

Family VALUES

CARE PLAN CARD 9

As applicable, with the resident's consent/assent:

a. Start legal action to remove the sister as the SDM since feeding him ribs is too dangerous.

b. Ask the dietician to explain to the sister why eating ribs would be dangerous.

c. Show the sister the two other pureed meal options scheduled to be on the menu on his birthday.

d. Ask other family members if they can try to change the sister's mind.

e. Explore options with the resident's sister to offer him an enjoyable and safe birthday meal.

Family VALUES

Notes about the Care plans

Additional copies of these cards can be found at clri-ltc.ca/familyvalues

When printing, select 'print along the long edge' in ortder to have the cards print properly front and back.

Appendix 1.2. Team Member Score

Additional copies of the score card can be found at clri-ltc.ca**/familyvalues**

Care plan #	Action Choice	Score	Team Score	Completion Bonus	Total Case Score
1-10		-$10,000 $0 +$10,000	1 = $10,000 2 = $20,000 3 = $30,000	(if all 3 correct) $20,000	
				Add your starting grant	+$100,000

Total Score:

Appendix 1.3. Answer Key

Care plan	Scenario	Action	Team Member	Team Member	Team Member
1	Mrs. White has broken her leg and can no longer come in each day to visit her husband. She has been calling the nursing station 4 times a day and telling team members in a raised voice that her husband is not being fed enough. Mr. White's meal plan and intake have not changed since his wife broke her leg.	**Most Collaborative** Option B: Contact Mrs. White and give her an update. Ask how the team can support her while her leg is healing. **Least Collaborative** Option C= loose $10,00	**Social Worker:** I would be happy to see if there is some-thing troubling Mrs. White and report back to the team.	**Nurse:** I'll speak with Mrs. White and we can mutually come up with a specific time each day where we can speak for 5-10 minutes.	**PSW:** I'm happy to monitor Mr. White's food intake in a log and report it to the team.
2	Rajinder, Mrs. Aliwani's son, shares how angry he is that team members are not taking his mother to her favourite programs anymore. Starting last month, Mrs. Aliwani, who is living with dementia, yells "get me out of here" each time she is brought to the recreation room.	**Most Collaborative** Option A: Discuss options for alternative activities with the team and son. **Least Collaborative** Option E = loose $10,000	**PSW:** I could offer to start Mrs Aliwani on her exercise routine and put on the music of her choice before I start getting the residents for lunch.	**Recreation**: I can provide the family with alternative options of activities that suit Mrs. Ali-wani's pref-erences and hobbies.	**PT:** I can help create an exercise plan for Mrs. Aliwani.
3	After returning from a winter away, the daughter of a resident living with advanced dementia says she is shocked by her mother's appearance. She asks "Where's her makeup? Have you taken her to the hairdresser? Don't you understand how important it is to my mother that she looks her best?"	**Most Collaborative** Option B: Offer to meet with the resident's daughter to discuss what makes her mother feel beautiful, and how to apply it to the care plan. **Least Collaborative** Option A = lose $10,000	**Social Worker:** I can provide the residents daughter with psychosocial support to help her cope with her mother's decline.	**PSW:** I can discuss with the daughter about what makes her mother feel beautiful, and use it to improve her care plan.	**Nurse:** I can update the resident's care plan to include a log for keeping track of her grooming appointments.

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4	Over the last month, a resident with moderate dementia continues to want to attend his weekly outing to church, however, he refuses to wear a suit. After informing the family of this, they continue to insist that he be dressed in a suit for church.	**Most Collaborative** Option D: Invite the family members to come in ahead of time Sunday morning to assist the team with dressing the resident. **Least Collaborative** Option E = lose $10,000	**PSW:** I can help show the family strategies to make dressing easier for the resident.	**Nurse:** I can talk with the family about how the resident's cognitive impairments may be changing his preferences and abilities around dressing.	**DOC:** I will start the conversation around quality of life and the importance of staff not forcing him to dress in a suit against his wishes.
5	Within the last two weeks, George has yelled and hit staff during care. When this occurs, his roommate, Peter begins to cry. As a result, Peter's family has called the Ministry multiple times insisting that Peter be moved to a private room. The home only has double occupancy rooms.	**Most Collaborative** Option D: Invite the family to meet with the team to discuss available options to improve Peter's situation. **Least Collaborative** Option A = lose $10,000	**Nurse:** I can coordinate a team approach to exploring why George is showing protective behaviours during care.	**Recreationist:** I can help make an activity plan to redirect Peter's attention until George is more comfortable during care.	**DOC:** I can invite the family to discuss what room options are available and explore sustainable solutions together.
6	Every day, Mrs. Wong, arrives just before noon and insists the PSW stop taking other residents to lunch and toilet her husband instead. The PSW routinely toilets Mr. Wong 15 minutes before lunch as per his care plan.	**Most Collaborative** Option A: Encourage Mrs. Wong to meet the PSW 15 minutes before lunch to be part of his toileting routine. **Least Collaborative** Option E = lose $10,000	**PSW:** I would continue to support Mr. and Mrs. Wong by toileting him before bringing the other residents to lunch.	**Physician:** I will reassure Mrs. Wong that there will be no harm in toileting him 15-20 minutes before lunch.	**Nurse Manager:** I would discuss with Mrs. Wong how to best use the resources we have.

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7	A daughter has threatened legal action against the long-term care home for losing her mother's hearing aids for the second time. Her mother has advanced dementia and aphasia and cannot tell the team where they are.	**Most Collaborative** Option D: Bring the team together to create a follow-up plan with the family. **Least Collaborative** Option C = lose $10,000	**PSW:** I can help the team carry out the follow up plan by searching for the hearing aids.	**Housekeeping**: I can help the team direct their search, carry it out and ask if anyone saw the hearing aids in an unusual place.	**DOC:** I would facilitate the discussion with family and team members, and support creative thinking and respectful sharing.
8	A resident has become more unstable on his knees, putting him and the staff at risk for falls when transferring him to a kneeling position for his prayers. The resident's brother, who is the Power of Attorney (POA), asks that his brother continue this life-long practice of kneeling anyways.	**Most Collaborative** Option B:. Suggest that the team, including the family and resident, meet to develop a falls prevention plan. **Least Collaborative** Option E = lose $10,000	**Physio:** I would be happy to assess him for safe transfer and positioning on his knees.	**Spiritual Care:** I welcome the opportunity to discuss how the resident's current spiritual practice can include safe transfers.	**PSW:** I would assist the resident in the safest way possible, after learning from the team how to do that.
9	One day, a resident's sister, who acts as Substitute Decision Maker (SDM), promises to bring him beef ribs as this is his favourite meal. She informs the staff, "it is just this once for his birthday." Recently, the resident has been coughing more frequently during meals and the team is concerned he might choke while eating the ribs.	**Most Collaborative** Option E: Explore options with the resident's sister to offer him an enjoyable and safe birthday meal. **Least Collaborative** Option A = lose $10,000	**Dietician**: I could explain the team's recent concerns about the resident coughing when he eats solid foods and explore possible ways to prepare the ribs for him to enjoy them safely.	**Nurse Manager:** I would request that the dietician speak with the resident's sister, and ask the physician to consider a referral for Speech Language Pathology (SLP).	**Physician:** I would make a referral to Speech Language Pathology (SLP) to reassess swallowing.

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10	A husband confided his guilt to the team that he is too weak to take his wife outside to get fresh air. He wishes he could afford to hire a private caregiver to take her outside.	**Most Collaborative** Option D: Ask the husband to come in and offer his insight on how to optimize his wife's leisure plan. **Least Collaborative** Option C = lose $10,000	**Recreation:** I would work with the husband to review and add options to his wife's leisure plan.	**Volunteer Coordinator**: I would try to find a volunteer who is a good match for his wife and who can take her outside sometimes when he can't.	**Social Worker:** I would meet with the resident's husband to talk about his feelings of guilt and how they could be addressed.

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Team Member Cards

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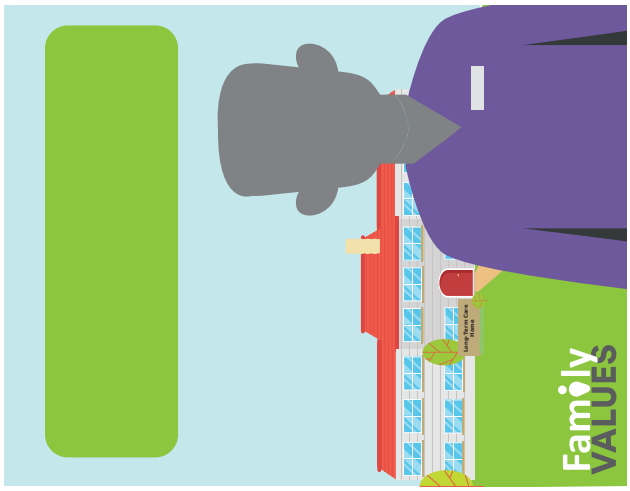

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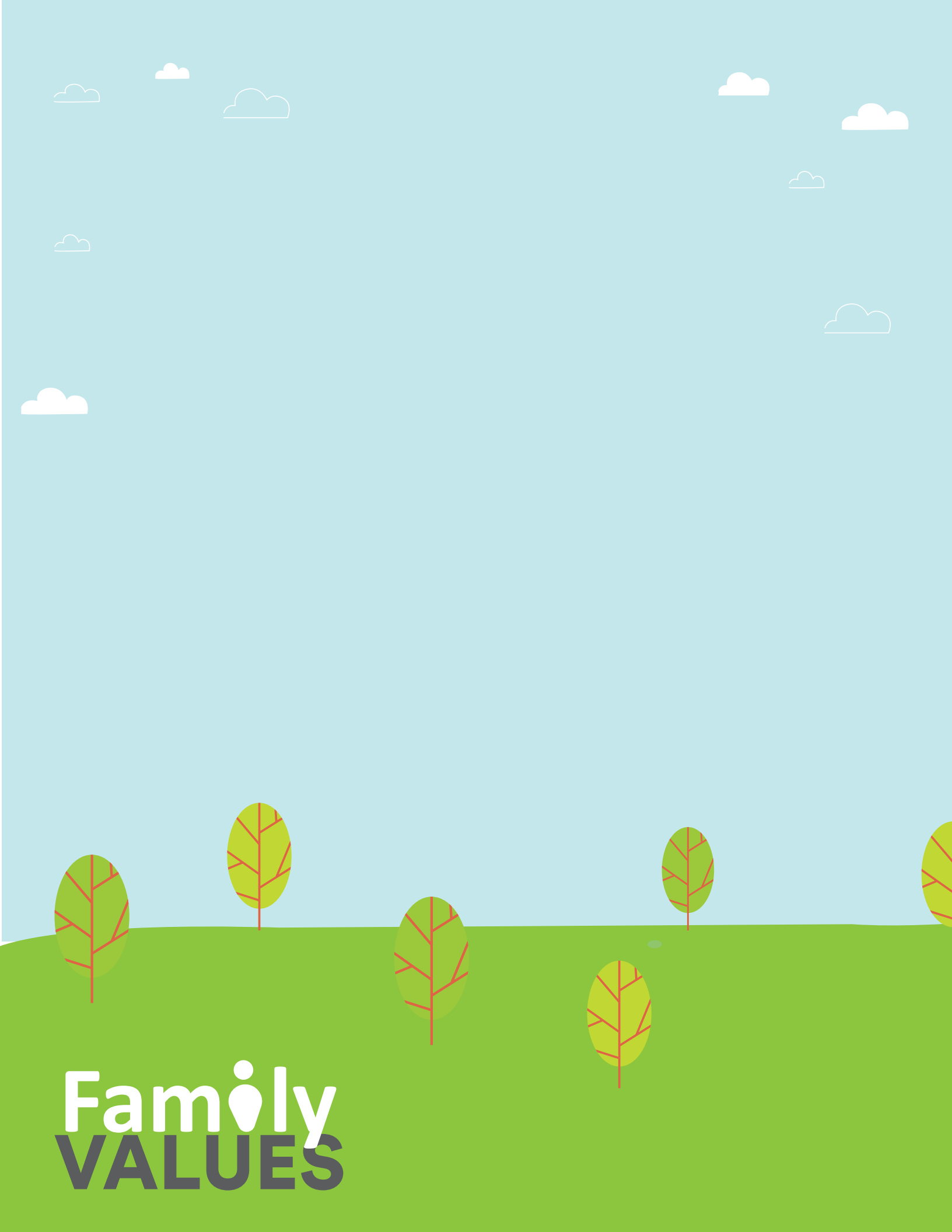
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